

CLAIRIDGE HOUSE

1519 60TH ST

KENOSHA

53140

Phone:(262) 656-7500

Operated from 1/1 To 12/31 Days of Operation: 366

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/04): 69

Total Licensed Bed Capacity (12/31/04): 87

Number of Residents on 12/31/04: 66

Ownership:

Highest Level License:

Operate in Conjunction with CBRF?

Title 18 (Medicare) Certified? Yes

Title 19 (Medicaid) Certified? Yes

Average Daily Census: 66

Corporation

Skilled

No

Yes

Yes

66

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/04)				Length of Stay (12/31/04)		%	
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		24.2	
Supp. Home Care-Personal Care	No	-----	-----	-----	-----	1 - 4 Years		34.8	
Supp. Home Care-Household Services	No	Developmental Disabilities	3.0	Under 65	21.2	More Than 4 Years		40.9	
Day Services	No	Mental Illness (Org./Psy)	65.2	65 - 74	18.2			-----	
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	33.3			100.0	
Adult Day Care	No	Alcohol & Other Drug Abuse	3.0	85 - 94	19.7	*****			
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	7.6	Full-Time Equivalent			
Congregate Meals	No	Cancer	1.5		-----	Nursing Staff per 100 Residents			
Home Delivered Meals	No	Fractures	1.5		100.0	(12/31/04)			
Other Meals	No	Cardiovascular	4.5	65 & Over	78.8	-----			
Transportation	No	Cerebrovascular	4.5		-----	RNs		7.2	
Referral Service	No	Diabetes	6.1	Gender	%	LPNs		8.2	
Other Services	No	Respiratory	1.5		-----	Nursing Assistants,			
Provide Day Programming for		Other Medical Conditions	9.1	Male	40.9	Aides, & Orderlies			
Mentally Ill	Yes	-----	-----	Female	59.1	42.1			
Provide Day Programming for		100.0	-----		-----				
Developmentally Disabled	No				100.0				

## Method of Reimbursement

Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care		Managed Care						
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	% Of All
Int. Skilled Care	0	0.0	0	5	8.5	132	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	5	7.6
Skilled Care	2	100.0	285	52	88.1	114	0	0.0	0	5	100.0	171	0	0.0	0	0	0.0	0	59	89.4
Intermediate	---	---	---	2	3.4	97	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	3.0
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	2	100.0		59	100.0		0	0.0		5	100.0		0	0.0		0	0.0		66	100.0

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/04				
		-----				
Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total
		Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Private Home/No Home Health	8.1	Bathing	19.7	45.5	34.8	66
Private Home/With Home Health	0.0	Dressing	19.7	45.5	34.8	66
Other Nursing Homes	5.4	Transferring	53.0	36.4	10.6	66
Acute Care Hospitals	75.7	Toilet Use	54.5	24.2	21.2	66
Psych. Hosp.-MR/DD Facilities	0.0	Eating	60.6	22.7	16.7	66
Rehabilitation Hospitals	0.0	*****				
Other Locations	10.8	Continence		%	Special Treatments	%
Total Number of Admissions	37	Indwelling Or External Catheter	7.6	Receiving Respiratory Care		7.6
Percent Discharges To:		Occ/Freq. Incontinent of Bladder	6.1	Receiving Tracheostomy Care		3.0
Private Home/No Home Health	18.4	Occ/Freq. Incontinent of Bowel	37.9	Receiving Suctioning		3.0
Private Home/With Home Health	10.5			Receiving Ostomy Care		0.0
Other Nursing Homes	0.0	Mobility		Receiving Tube Feeding		7.6
Acute Care Hospitals	18.4	Physically Restrained	1.5	Receiving Mechanically Altered Diets		31.8
Psych. Hosp.-MR/DD Facilities	0.0			*****		
Rehabilitation Hospitals	0.0	Skin Care		Other Resident Characteristics		
Other Locations	15.8	With Pressure Sores	1.5	Have Advance Directives		100.0
Deaths	36.8	With Rashes	0.0	Medications		
Total Number of Discharges				Receiving Psychoactive Drugs		56.1
(Including Deaths)	38					

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Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

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	This Facility %	Ownership: Proprietary Peer Group %	Ratio	Bed Size: 50-99 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	75.9	88.5	0.86	89.0	0.85	90.5	0.84	88.8	0.85
Current Residents from In-County	65.2	80.0	0.81	81.8	0.80	82.4	0.79	77.4	0.84
Admissions from In-County, Still Residing	27.0	17.8	1.52	19.0	1.42	20.0	1.35	19.4	1.39
Admissions/Average Daily Census	56.1	184.7	0.30	161.4	0.35	156.2	0.36	146.5	0.38
Discharges/Average Daily Census	57.6	188.6	0.31	163.4	0.35	158.4	0.36	148.0	0.39
Discharges To Private Residence/Average Daily Census	16.7	86.2	0.19	78.6	0.21	72.4	0.23	66.9	0.25
Residents Receiving Skilled Care	97.0	95.3	1.02	95.5	1.02	94.7	1.02	89.9	1.08
Residents Aged 65 and Older	78.8	92.4	0.85	93.7	0.84	91.8	0.86	87.9	0.90
Title 19 (Medicaid) Funded Residents	89.4	62.9	1.42	60.6	1.47	62.7	1.43	66.1	1.35
Private Pay Funded Residents	7.6	20.3	0.37	26.1	0.29	23.3	0.33	20.6	0.37
Developmentally Disabled Residents	3.0	0.9	3.41	1.0	2.93	1.1	2.70	6.0	0.50
Mentally Ill Residents	65.2	31.7	2.06	34.4	1.90	37.3	1.75	33.6	1.94
General Medical Service Residents	9.1	21.2	0.43	22.5	0.40	20.4	0.45	21.1	0.43
Impaired ADL (Mean)	41.2	48.6	0.85	48.3	0.85	48.8	0.84	49.4	0.83
Psychological Problems	56.1	56.4	0.99	60.5	0.93	59.4	0.94	57.7	0.97
Nursing Care Required (Mean)	6.8	6.7	1.02	6.8	1.00	6.9	0.99	7.4	0.92